




MISSISSIPPI STATE DEPARTMENT OF HEALTH

Memorandum

Date: July 12, 2010

To: Mississippi Licensed Ambulance Services

From: Robert Galli, MD
State EMS Medical Director

Alisa H. Williams, Director 
Bureau of Emergency Medical Services/Trauma Care System
Development

RE: EMS Pharmaceutical Shortage

The Mississippi State Department of Health has received several calls from local licensed EMS agencies regarding difficulty restocking their respective pharmaceutical supplies.

This obstacle is likely due to manufacturers (for those medications routinely used by the EMS system) are experiencing increased demand against a limited supply. Most of these pharmaceutical companies are predicted to resume normal inventory throughout the summer months.

However, because of this shortage, vendors may have stock negatively impacted causing a ripple effect throughout the entire healthcare community.

The Bureau of Emergency Medical Services, in consultation with the State EMS Medical Director, is strongly recommending that services – along with their local medical directors – monitor this issue closely and consider developing alternate plans in the event that supplies become critically low or exhausted.

For detailed information, visit the FDA Drug Shortage website at <http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm>.

To assist in the planning efforts, Robert Galli, MD – State EMS Medical Director – has developed recommendations for EMS during this shortage. (See attached.) Additionally, services should consider the following during their planning efforts:

- Compare local formulary with the FDA list to determine what effect this may have with protocols and patient care.
- If local agency routinely resupplies medications used during patient care from the primary resource or destination hospital, maintain communications to determine if hospital resupplying will be affected.
- Identify and consider temporarily replacing affected medications with alternative medications or therapies that are readily available.
- If a medical control plan/protocol change is required, submit a letter to the Bureau of EMS with the changes requested for emergency review and consideration.

If you have any questions or require additional information, please do not hesitate to contact this office at 601-576-7380.

Thank you for your continued dedication to Mississippi EMS System.

Recommendations for EMS During the Medication Shortages

Atropine 1mg/10ml syringe shortage - resolution anticipated end of August

Suggested Alternative during shortage

Atropine 1mg/ 1 ml vials – available as pack of 25 vials

If patient has NO pulse - administer as 1 mg undiluted IV Push

If patient has a pulse for bradycardia – Dilute 1 mg (1ml) with 9 ml NS and
give IV Push

D50W syringe shortage - resolution anticipated end of August

Suggested Alternative during shortage

1. D10W – draw up 250 ml and give IV Push – this would equal 1 D50W 50ml syringe
 - a. Would need 4 – 60 ml syringes
 - b. IV bags are available as 1000 ml or 500 ml
2. Administer Glucagon as per protocol

Epinephrine 1mg/10ml (1:10,000) syringe shortage – resolution anticipated end of August

**Suggested Alternative during shortage – decrease needle stick risk and
may be overall less expensive in long run**

1. Epinephrine 1 mg/1 ml (1:1000), 30 ml vial
 - a. Use a Mini-Spike Dispensing Pin® to draw up doses
 - b. 30 ml vial is multidose – can be used for multiple patients
 - i. If you use a clean syringe each time you draw up the dose then the bottle can be used for multiple patients.
 - ii. If a new syringe is not used each time you draw up a dose then discard that bottle after each patient.
 - c. If patient has NO pulse - Draw up 1ml = 1mg and give undiluted IV Push and flush with 10 - 20 ml NS
 - d. If need a dose for anaphylaxis – draw up 0.3 ml and give SQ

Furosemide vials – all sizes – no expected date for resolution of shortage

Suggested Alternative during shortage

Use Bumex (Bumetanide)

1 mg Bumex IV = 20 mg Lasix IV